

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: <u>2019-10-13</u>				
REQUEST SUBMITTED BY:	⊠ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Age	ency name & add	lress): Philadelphia Polic	ce Department	
750 Race Street, #203, Philadelphia, PA	19106			
NAME OF REQUESTER : Madison	Vialpando			
STREET ADDRESS: Dept MR 8173	3 411A Highland Av	e		
CITY/STATE/COUNTY/ZIP(Requ	ired): Somerville, I	MA 02144-2516		
TELEPHONE (Optional):		_ EMAIL (optional)	<u>81733-90139480</u>	@requests.muckrock.com
RECORDS REQUESTED: *Provious Please use additional sheets if it		detail as possible so the	e agency can idei	ntify the information.
See Attached				
DO YOU WANT COPIES? 🗵 YES	S □ NO			
DO YOU WANT TO INSPECT THE RECORDS? YES NO				
DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☒ NO				
DO YOU WANT TO BE NOTIFIED	D IN ADVANCE I	F THE COST EXCEE	DS \$100? 🗵 YE	ES □ NO
** PLEASE NOTE: ** IT IS A REQUIRED	RETAIN A COP DOCUMENT IF	Y OF THIS REQUESTYOU WOULD NEED	T FOR YOUR F TO FILE AN A	ILES ** PPEAL **
	FOR AG	ENCY USE ONLY		
OPEN-RECORDS OFFICER:				
□ I have provided notice to appro	priate third parties	s and given them an o	pportunity to ob	ject to this request
DATE RECEIVED BY THE AGEN	ICY:			

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

^{**}Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)